



Department of Public Health and Human Services

Public Health and Safety Division ♦ Communicable Disease Control and Prevention Bureau

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Steve Bullock, Governor

Richard H. Opper, Director

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TO: Vaccines for Children (VFC) Program Immunization Providers and All imMTrax Users
FROM: Montana Immunization Program – Lisa Underwood, Immunization Program Manager
SUBJECT: Verbal Consent for Sharing imMTrax Immunization Information

As you know, in order to participate in imMTrax, Montana's Immunization Information System, patients, parents or guardians must give consent to the sharing of immunization data. In the past, our legal department strongly recommended that consent be obtained in writing, and the signature retained.

Given the advancements in technology, and the move towards electronic documentation, we have been asked by several providers whether or not verbal consent is sufficient to allow imMTrax participation- including sharing of information from the system.

We have reviewed this issue with our legal department had determined that it is acceptable to **obtain verbal consent from patients/parents for participation in imMTrax**.

Patients and parents still must fully understand that they are consenting to the sharing of information. Whether obtaining verbal or written consent, the recommended language has not changed and is provided below:

I authorize my health care provider and a public health agency to collect and enter my or my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Facilities choosing to accept verbal consent are strongly encouraged to review the above statement when obtaining consent, and document, either in imMTrax or in your EHR, the date verbal consent was obtained.

Thank you and please contact the Montana Immunization Program with questions at (406) 444-5580.